



**Notice of Independent Review Decision - WC**

**DATE OF REVIEW:**

03/12/14

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Right L4-L5 Discectomy

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified in Orthopedic Surgery

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Right L4-L5 Discectomy – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

An MRI of the lumbar spine dated xxxx showed L4-L5 central disc protrusion without root displacement. The patient reported having had a dull sore lumbar pain since xx/xx/xx. At the time, she was at work when she felt a sharp pain to the lumbar region with a shooting pain through the right leg. Conservative treatment was initially recommended. A right L4-L5 epidural steroid injection (ESI) was performed on 01/03/13, which provided complete relief of the right leg radicular pain, although she still continued with constant numbness and tingling along the

buttocks, lateral pelvis, and lateral lower leg. A follow up injection was recommended, which was performed on 02/21/13. The pain was still under good control after the injection and the numbness had improved somewhat. The tingling did continue, however. A lumbar discogram was recommended at that time, which had been denied after two requests. In August of 2013, the claimant's symptoms had improved dramatically without any particular activity or function. She worked full time once again without any limitations. She had received a prescription of Lyrica to help with the electrical symptoms of her leg, as well as Relafen to help with inflammatory process to be used on an as needed basis. In November of 2013, she complained that she was no longer able to walk as far as she used to, because her right leg got tired. The lumbar pain was intermittent, but daily, and could reach levels of 7/10. A repeat MRI of the lumbar spine was requested at that time, which showed degenerative disc disease at L4-L5 and changes at multiple disc levels. In December 2013, the provider indicated the claimant had significant right lower extremity radiculopathy. She was known to have a significant spinal canal stenosis, secondary to a L4-L5 herniated disc. She had both a right L5 and S1 radiculopathy. The claimant wished to proceed with a right L4-L5 discectomy.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The prior two Peer Reviews indicated a concern that the imaging studies did not demonstrate significant findings at the L4-L5 level to correlate with physical examination and also indicated findings of the failure of the claimant to respond to conservative measures. After my review of the medical records, there was indication that the patient had failed appropriate conservative treatment with ESIs and physical therapy and medication. However, the prior Peer Review concern that MRI findings did not correlate with physical examination findings is valid, as both MRI scans from 06/18/12 and 11/23/13 did not document findings of spinal stenosis or nerve root compression at L4-L5. Therefore, lacking correlation with imaging findings, the prior Peer Review concerns are appropriate and I recommend the right L4-L5 discectomy is not medically reasonable and necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**